V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	15679	
	PLACE OF DEATH	STATE OF MARYLAND
Co	unty & ti brangs	CERTIFICATE OF DEATH 2 P4
		Registration Dist. No.4
Vi	11 age or City Mechanians orl 2 FULL NAME Barroll B	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE MARRIED, WIDOWEO, ORDIVORED (Write the word)	18 DATE OF DEATH 2 2 2 1 1918 (Month) (Day) , 1918 (Year)
BDA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1919, to 1913,
7	(Month) (Day) (Year)	that I last saw h. Amalive on
7 AG	E If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	yrsmosds. OR min. ?	The CAUSE OF DEATH* was as follows:
(a)	CUPATION Trade, profession, or icular kind of work	2 phtheria_
(b)	General nature of Industry, less, or establishment in	
	h employed (or employer)	(Ouration) yrs. mos. ds.
9 BII (Sta	att or country) St many 80	Contributory (Secondary)
	10 NAME OF FATHER HEAT & Blake	(Signed) Lach R. In an M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) S 7	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAREN	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 _{TI}	HE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	Where was disease contracted,
ę	informant) leave Blake	If not at place of death? Former or usual residence
	(Address) Mechanisoulle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	for Ind 3, y R Margan	2DUNDERTAKER BILL ADDRESS
	If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



B.

	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very mportant. See instructions on back of certificate.
RECORD	PHYSICIAN of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ed EXACTLY.
IS IS A P	nould be stat classified. E
INK-TH	led. AGE sh be properly
UNFADING	arefully supp that it may certificate.
Y, WITH	should be c n terms, so on back of
TE PLAINL	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma mportant. See instructions on back of certificate.
WRI	Every item of CAUSE OF D mportant. Se

PAREN

15

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

Village or City Planing The Property of the Pr	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 5 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on 11 - 12 - 1913
7 AGE It LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to	(Ouration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country)	(Secondary) (Duration)
O 11 BIRTHPLACE O OF FATHER (State or country)	(Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ... Where was disease contracted. If not at place of death?----Former or

PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
Sacre	(Heart	11-1-1-, 191
20 UNDERTAKER		ADDRESS

usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Dobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERFERAL septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS STATE MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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should properly AGE supplied. pe may 1 that 80 terms. should plain Information = of inform DEATH OF item

OCCUPATION PHYSICIANS RECORD PERMANENT THIS INK O certificate. of back Instructions See Every item CAUSE OF important.

Very

PLACE OF DEATH 15681 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 250 Cl. m. 1 day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory..... ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE .. 19120. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country yrs. State Where was disease contracted. it not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

[Approved by L. S. Census and American Public Health Association.]

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RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	Z

Village or City Bushingd (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 11-14-3 , 1912, to 11-14-3 , 1913.
(Month) (Day) (Year)	that I last saw h allve on 11-17-1913
7 AGE If LESS than f day,hrs. ormos. ds. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was ss follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Clocking (Duration) yrs mos of the Contributory Caught five from word flux (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 11 MAINTER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death? Where was disease contracted, If not at place of death? The state of death of the place of death?
(Address) Bushand and 16 Filed 11-15-, 191.3 MY Palman REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 UNDERTAKER 20 UNDERTAKER ADDRESS Lucy Land

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should state of OCCUPATION is very Village or City RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT stated EXACTLY. SSINGLE, Ina 3 SEX 4 COLOR OR RACE WIDOWED, BINDING ORDIVORCED (Write the word) Exact B DATE OF BIRTH classified. 4 (Month) (Day) (Year) pe 7 AGE If LESS than pinous FOR THIS properly 8 OCCUPATION AGE (a) Trade, profession, or NY RESERVED particular kind of work carefully supplied.

o that it may be p (b) General nature of Industry, business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 ō MARGIN WITH pe PARENTS 11 BIRTHPLACE terms, on back OF FATHER (State or country) should PLAINLY. 12 MAIDEN NAME DEATH in plain OF MOTHER See instructions Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE of Every Item CAUSE OF Important. 15 ŝ 0 ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St:Ward)

It death occurred in a hospital or institution, give its NAME Instead of street and number 1

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Colored Single, Married, Marri	16 DATE OF DEATH Non 2 7 th , 191.3. (Month) (Day) (Year)
IRTH Of Le	17 I HEREBY CERTIFY, That I attended deceased from 17 2 3 2/191 3, to 10 2 7 4, 191 8,
(Month) (Day) (Year)	that I last saw h is alive on Nov 24 1918
About 5-4 yrs 1 day,hrs.	and that death occurred on the date stated above, at 4. 5. 0 m. The CAUSE OF DEATH * was as follows:
on ssion, or Lalone, ure of industry.	Valrular disease of
stablishment in (or employer)	(Duration) yrs. mos. ds.
St Mary's 60	Contributory(Secondary)
e of her Forbes	(Signed) Gach R. M. D.
HPLACE ATHER OF COUNTRY) St. Marys 60	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
EN NAME MOTHER UNKnown	TAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
other or country) 56 marys 50	At place in the of death yrs, mos, ds. State yrs, mos, ds
Le is true to the best of my knowledge	Where was disease contracted, It not at place of death?
55) Charlotte Hall Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ,
28,191 B. 3 A Margan	20 UNDERTAKER Gemeley Nor 3 11, 191 3
REGISTRAR	13.13, Love morganary

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, peritonaeum, etc., Carcinosi

sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds., Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained byfore the certificate is permanently filed.

DEC 4 1913



7. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

Cor	PLACE OF DEATH 15681	STATE OF MARYLAND CERTIFICATE OF DEATH
Vili	age or City Wear Charlotte &	Registration Dist. No. [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
10	Male Stoud Sinds, Married, Married, Wilder Conditions William Consideration of the word	16 DATE OF DEATH W 26 ,191 (Year)
6 DA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	That I lest saw h & Silve of Was cuffocally
TAG	(2021)	and that death occurred on the date stated above, at 130 m. The GAUSE OF DEATH; was as follows:
(a) Trade, profession, or particular kind of work		Confocation Occasional
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)		Contributory Secondary
S	10 NAME OF FATHER TOTAL 11 BIRTHPLACE	(Signed) Evry (Maddress) harlotte Hall, Mid
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted.
	Informant) Sygning (Address) Mark (A	If not at place of death?————————————————————————————————————
15 File	d,191	20 UNDERTAKEN HARVOULE FALL ADDRESS LINAMIN KEY
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question The

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less defiuite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head Always qualify all discases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the contract is permanently fled.

DEC 1 1919 BURLAU, V.S.

BURBAU, V.S.

County St. Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 283
VIIIage or City Collmon (No. 1900)	St; Ward) [it death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOROR RACE SINGLE, MARRIED, Single WIDOWEO, Single ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day), 1836. (Year)	Seff. 12 , 1913, to M. 19 , 1913, that I last saw held alive on M. 19 , 1913
TAGE If LESS than 1 day, hrs. yrs. 0 mos, 0 ds. 0 oRmin.? SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 9, 9 m, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: (Duration) 3, yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER SESH SLLY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SUPPLICION SLLY 12 MAIDEN NAME OF MOTHER SUPPLICION SLLY	(Signed) 2. J. M. D. M. D. M. D. J.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Intermant)	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) College of the Filed DW- 22, 1913 Life World REGISTRAR	19 place of Burial OR REMOVAL DATE OF BURIAL 19 place of Burial DATE OF BURIAL 20 UNDERTAKER FORMAL ADDRESS LUGINA LUGIN
If more blanks are needed, address State Registrar, 6 E	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. "Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenpenal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-



V. S. No. 1.

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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of o
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PLACE OF DEATH , 15686	STATE OF MARYLAND
81 Marris	CERTIFICATE OF DEATH
County II h	283
minaria	Registered No.
Village or City / Myarry (No	St; Ward) [It death occurred in a hospital or institution,
10 / 51	give its NAME instead
FULL NAME James Renry	Merber of street and number.]
A	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Marieo, Single, MARRIEO, WIDOWEO, ORDIVERCED	16 DATE OF DEATH 200, 24, 1913 (Month) (Day) (Year)
Male CHINE (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH 10-1 39 SOC	1 1 1913, to Mr. 4 1913,
(Month) (Day) (Year)	that I last saw h. Mailve on Mr 4 ,191 3
7 AGE It LESS than	and that death occurred on the date stated above, st. 9 & m.
t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos. 6 ds. OR min.?	Muliculisis of hunge
(a) Trade, profession, or Hram by start and	A J
particular kind of work.	
(b) General nature of industry, business, or establishment in	abut (Ouration) / yrs. mos. ds.
which employed (or employer)	And the second s
9 BIRTHPLACE (State or country)	(Secondary)
1700.	(Duration) yrs mos ds.
10 NAME OF BENEDICA HERSEN	(Signed) N. 12 JVM MSM , M. D.
50 11 BIRTHPLACE 701 1	Mr. 24, 191 (3 (Address) Morgansa.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	
12 MAIDEN NAME () TO	*State the DISEASE CAUSING DEATH, or, of deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER UMA Duller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE 411 d	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment & Meldich Herbert	Former or
maganage	19 ptach of Burial Or REMOVAL DATE OF BURIAL
(Address)	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
16 m 1 311 al P. Blanson	20 UNVERTAKER ADDRESS
Filed 1913 N A BEGISTRAR	B. Low Moveanin
If more blanks are needed, address State Registrar, 6 F	E Frenklin St. Relto. Paquesting V. S. No. 1
it more orange are medica, audicos state aegistiat, o r	w. r. anama St., Datto, Arquesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death —Name, first, the death —Name, first, the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinologies of lungs, meninges, peritonaeum, etc., Carcinologies, openionaeum, etc., Carcinologies, peritonaeum, etc., Carcinologi

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should OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. Exact stated classified. pinous properly AGE Z pe suppiled O тау UNFADIN certificate. carefully = that 80 0 pe back terms, pinous 0 plain Instructions 2 EATH See ō 0 OF Item mportant. ы Every 0

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N [If death occurred in St:Ward) a hospital or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) OR DIVORCED (Day) Write the word! HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ... Where was disease contracted. KNOWLEDGE If not at place of death?. usual residence 15 20 UNDE EGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting 1. 8 No. 1.

[Approved by L. S. Census and American Public Health Association.]

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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 15688	STATE OF MARYLAND
1. Stattlance	CERTIFICATE OF DEATH ,
County.	Registered No. 28
John Les	Cit death accurred in
Village or City (No.	Ward) a hospital or institution, give its NAME instead
2 FULL NAME To Thon Lenn	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male flack of single, married, married, wipower, or or over the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
not known (Month) (Day) (Year)	that I last saw have alive on Nov 15- 1913
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at & Km.
1 day,hrs.	The GAUSE OF DEATH* was as follows
SOCCUPATION OS. OR. min. ?	Cancer of Stomach and
(a) Trade, profession, or particular kind of work	oco op a gua
(b) General nature of industry,	(0
which employed (or employer) — 7 Community	Contributory and a sure of in the seation
State or country) A Many Co Md.	(Secondary)
10 NAME OF	(Quration) yrs mos. ds.
FATHER Julian Lawrence	(Signed)
TI BIRTHPLACE OF FATHER OF MANA COMM.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OFFATHER (State or country) Maryk WM 12 MAIDEN NAME OF MOTHER	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE O 1 See 2 See /	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) It Many les Md.	At place In the ot death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Lose Jah U. Unolesson	Former or usual residence
(Address) Talley Les Mid.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16. (AUTICIO)	Beth Physiday Church Nor & 4, 1918
Filed Nov. 24, 191 / Duy to Valence	20 UNDERTAKER ADDRESS
if more blanks are needed, address State Registrar, 6 H	Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpebal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing cer" is less definite; avoid use of "Tumor" for malig-"Contributory." mus," "Old Age," "Shock," "Uruemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report Examples:



RECORD

PERMANENT

4

UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

N. B.

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

Village or City Palmers (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 286 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Alunde Color or RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
© DATE OF BIRTH 1	that I last saw h alive on 1 2 2 1913
6 yrs // mos, 2 2 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trade, protession, or particular kind of work	Character of the contributory (Secondary) Character of the contributory (Duration) Output O
10 NAME OF FATHER RESCUE TENNES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs. mos. ds. (Signed) , M. D. 12, 7 2 , 191 3 (Address)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mcs ds. Where was disease contracted,
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at piace of death? Former or usual residence
6 (Address) Palme L. S. Filed //- 8-, 1913 Amalyum. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Lace of BURIAL ADDRESS ADDRESS Lace of BURIAL Lace of BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: (0)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to the time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chromin ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Aster" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



BINDING FOR RESERVED MARGIN

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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated classified. pinous THIS properly AGE NK carefully supplied. may be UNFADING certificate. that it WITH pe back of information should be DEATH in plain terms. 0 PLAINLY See Instructions WRITE Every Item CAUSE OF Important.

13 BIRTHPLACE OF MOTHER (State or country

(Address)

15

Very

Village or City PLACE OF DEATH County Village or City Published Cobert	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH Cooks (Month) (Month) (Month) (Single, MARRIED, Wildows), OR BIVORCED (Write the word) (Month) (Month) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I last sew h. allve on
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at # P m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment which employed (or employer) (c) Trade, profession, or particular to the particular kind of work. (d) Trade, profession, or particular to the particular kind of work. (e) General nature of industry, business, or establishment which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 1	(Signed)

	1B LENGT	H OF RE	SIDENCE DENTS)	(FOR H	SPITALS.	INSTITUTIONS,	TRANSIENTS,
1	At place				In the		
1	of death	MPC	- maa	de	04-4-	400	

Where was disease contracted If not at place of death?

Former or

usual residence. BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTA

REGISTRAR If more blanks age needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Oid Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 ds.; "Exhaustion," Examples: For vio-

PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

V. S. No. 1.

N. B.

RECORD

certificate.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very -Every item of information should be carefully CAUSE OF DEATH in plain terms, so that it important. See instructions on back of certifica 15691

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	4 COLOR OR RACE Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH //ov - 26 ,191.5 (Month) (Day (Year)	
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
	- 1499	120 - 15/1, 1913, to NOW - 264, 1913.	
	(Month) (Day (Year)	that I last saw h malive on 1200 - 26th 1913	
TA	ti LESS titali	and that death occurred on the date stated above, at. 6 , m,	
	t day,hrs.	The CAUSE OF DEATH* was as follows:	
80	CCUPATION MOS	Detilor Inches	
(a)	Trade, profession, or the second seco	\$	
	rticular kind of work		
bus	liness, or establishment in	(Duration) Low yrs mos ds.	
	ich employed (or employer)	Contributory	
	(State or country) Squares Co.	Secondary	
	10 NAME OF	(Duration)	
	FATHER ACTION OF THE	(Signed) thuy lichander M. D.	
S	11 BIRTHPLACE	1100-20, 191 3 (Address) I reat flill PIPO	
Z	OF FATHER (State or country) (7-111anain for		
AREN	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	
4	of MOTHER Mary L. Burronals	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place to the	
	OF MOTHER (State or country) 17-112021/3 Com	of death yrs mos ds. State yrs mos ds	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Intermant) Orother	Former or	
	9 - + 11 360 - Po	usual residence	
1.5	(Address) I reat Migles 60.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15		Soundertaker Church Mos-28th, 1913	
File	ed, 191	y ca tal la la	
	REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

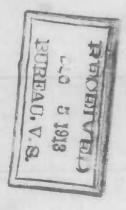
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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1913



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RECORD Exact statement PERMANENT EXACTLY. classified. 4 15 pinous -THIS properly AGE INK supplied. pe UNFADING may carefully that 80 WITH pe Should PLAINLY, Information WRITE jo OF Item mportant. Every Ite

state PHYSICIANS should of OCCUPATION IS certificate. 0 DEATH in plain terms, See instructions on back

6 DATE OF BIRTH

8 OCCUPATION

(a) Trade, protession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Address)....

14 THE ABOVE IS

(Intermant)

OF FATHER (State or country

(b) General nature of industry,

business, or establishment In

which employed (or employer)

7 AGE

PARENTS

15

15692 PLACE OF DEATH PERSONAL AND STATISTICAL FARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORGED (Write the word)

(Month)

(Day

(Year)

It LESS than

1 day,....hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[It death occurred in a hospital or Institution,

Holen	<u> </u>		name instead and number.]
MEDICA	L CERTIFICATE	OF DEATH	
DATE OF DEATH	Vor 7	<u>~</u>	, 191.
I HEDER	(Month) BY CERTIFY, That	(Day	(Year)
7	1913 , to Po		, 1913.
I last saw h.			, 191\$.
that death occurred	on the date state	ed above, a	Mey
SAUSE OF DEATH	* was as lollows:		. 1
Marion	40. Co	rend	from
will a	ufule	or C	
		***************************************	• • • • • • • • • • • • • • • • • • • •
	(Duration)	yrs. 6	mosd
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Secondary Secondary	***********		
) (Duration)	yrs	.mosd
ed)	so fo	inch	M. 1
-,	PO		[]
	(Address)		~ C+3~
*State the DISEASE AUSES, state (1) ME L, SUICIDAL, OF HOM	CAUSING DEATH, CANS OF INJURY;	or, in deaths fi and (2) wheti	rom VIOLEN
ENGTH OF RESIDE	NCE FOR HOSPITAL	S, INSTITUTIONS	, TRANSIENT
ace	In the		
eath yrs mo		yrs,	mos d
re was disease contracted it at place of death?			
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l residence	**************************************	*************	*************
LACE OF BURIAL	REMOVAL	DATE OF E	URIAL
rchalobel	Cernetin	8-m 8	(Ar., 191.3
NDERTAKER		ADDRESS	, , , ,
NDERTAKER	cernain	ADDRESS	-

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of ago. duties of the household only (not paid Housekcepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (uame origiu; "Canture of the Americau Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head "Couvulsions," "Debility" ("Con-"Dropsy," The nature of the "Exhaustion," Never report



C	ounty St. Grarys Huntersville	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
V	"Illiage or City Jaseph 5 MN6 Sle." *FULL NAME & S. Jah S. J.	St.; Ward) [It death occurred I a hospital or institution give its NAME instea of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Bn	/ MIDOWED	16 DATE OF DEATH 9 th (Month) (Day) , 1913.
6 D	(Month) (Day) (Year)	that I last saw h. Ann. allve on 1913.
7 A	It LESS than 1 day,	and that death occurred on the date stated above, at \$55 Am The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION) Trade, protession, or rticular kind of work General nature of Industry, liness, or establishment in ch employed (or employer)	Contributory (Duration) yrs. mos. ds.
TS	10 NAME OF FATHER Ben 5 horley 11 BIRTHPLACE OF FATHER (State or country) 8 7 Alan 5 6	(Secondary) (Duration) yrs mos ds. (Signed) 9 Till S. (Address) *State the Disease Causing Death, or, in deaths from Violent
PAREN	13 BIRTHPLACE OF MOTHER (State or country) Charles 60	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
147	Informant, Bun 5 July	Where was disease contracted, If not at place of death? Former or usual residence
16 File	ed for 9 th, 191 3 3/R margan	DATE OF BURIAL OR REMOVAL DATE OF BURIAL St Valence & material 1919 20 UNDERTAKER ADDRESS PARTY THE ADDRESS
	If more blanks are needed, address State Registrar	, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIREABE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train--Heart fallure," "Haemorrhage," "Inanition," "Maras-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	10094	
	PLACE OF DEATH 15694	STATE OF MARYLAND
	H Parys	CERTIFICATE OF DEATH
	ounty	Registration Dist. No. 280
1	FULL NAME 6 Liza In	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Color or race 5 single, Married, Widoweo, Orbivorcep (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 M I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH DRIL COOK	
_	(Month) (Day) (Year)	that I last saw had alive on 1000 22 ,1913
	or log yrs. mos. ds. or min.?	and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows:
	Trade, profession, or force longs	
bus	General nature of Industry, siness, or establishment In Ich employed (or employer)	(Duration) yrs. mos. ds.
	IRTHPLACE tate or country) Al Mosys	(Secondary)
	10 NAME OF Shomas Frazier	(Signed) Ouration yrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Al Morys	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAREN	of Mother Mary Fragis	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO THE PROPERTY OF THE PROPER
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds
14-	Informant	If not at place of death? Former or
	(Address) Sart land	19 BACE OF BURIAL OF REMOVAL BATE OF BURIAL
16 Fi	10 12 3.191 3 9/100y A REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registrar, 6 E	C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 Examples: For vio-



V. S. No. 1.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT properly classified. UNFADING INK-THIS IS AGE carefully supplied. certificate. See instructions on back of PLAINLY, WITH WRITE CAUSE OF Important. S

4	* hw ~ ~	- Marine
PLACE OF DEATH	15695	1
County Many	nles /	6
Village or City Lellifor	nia (No.	101
	01	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;	W	ar	ď
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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	•		Allen .	- Aller and a second	N N	
		-	1000	7/	2	
2FIII I	NAME	ELLI	1000	6	1	0000
	I A SATAT DES		.,			

	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale while	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATI	e of Birth Sun	7 27 , 19/3 (Year)	that I last saw h allve on
7 AGE II LESS than 1 day,hrs. ORmin.?			and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trapartics (b) Ge busines which	UPATION ade, protession, or olar kind of work	inne les	(Duration) yrs mos ds. Contributory High framework of Children of
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country) 13 BIRTHPLACE OF MOTHER (State or country)			(Signed)
	ormant) (Address) Palet	TOF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

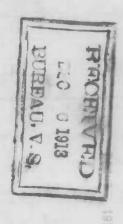
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect. Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contbenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For VIO



Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1. N. B.-

6	PLACE OF DEATH 15696	STATE OF MARYLAND CERTIFICATE OF DEATH
	illage or City much animo vil	Registration Dist. No. St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME Henry Tho	mys on
3 91	ale white MARRIED, Married (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 A	1 day,hrs.	that I last saw h danalive on Several weeks so pand that death occurred on the date stated above, at 2 3 D Pm. The CAUSE OF DEATH* was as follows:
(a) paid (b) bus white 9 B	CCUPATION OTrade, profession, or flicular kind of work General nature of industry, ness, or establishment in chemployed (or employer) RTHPLACE tate or country) The many of	Hemorhage from Nase induced by delirum (Duration) yrs. mos ds. Contributory (Secondary)
PARENTS	10 NAME OF FATHER Henry Thompson 11 BIRTHPLACE (State or country) St. Marys 80, 12 MAIDEN NAME OF MOTHER Melvina Holl 13 BIRTHPLACE OF MOTHER (State or country) St. Marys 80,	(Signed)
	(Informant) Durilly Thomps on (Address) Hunters ville, Ind	Where was disease contracted, it not at place of death? Former or Dusual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 201
15 Fil	ed Nor 31, 1913 J. A. Inagan REGISTRAR If more blanks are needed, address State Registrar, 6 E	20 UNDERTAKER ADDRESS A. G. Welch Chaptres Mu C. Franklin St., Balton, Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the bousehold only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	19037	
	PLACE OF DEATH	STATE OF MARYLAND
	AT mense loo	CERTIFICATE OF DEATH
Cou	unty.	2 62
		Registration Dist. No.
VIII	age or City Hower More (No. No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 5 6		
SE	MARRIED, MARRIED, WIDOWED,	16 DATE OF DEATH NOV 22, 1913
9	Male, Cetal ORDIVORCED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from
h. I benow		, 191, to, 191,
	(Month) (Day (Year)	that I last saw h has alive on fa When Glath 191
7 AC		and that death occurred on the date stated above, at 1/30 m,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min. ?		6 -411
8 OCCUPATION (a) Trade, profession, or		Willer las how mill
particular kind of work. There has been		The state of the s
(b) General nature of industry,		
businesa, or eatablishment in which employed (or employer)		(Duration)
9 BIRTHPLACE (State or country)		Contributory Aller from Man
(State or country) H Manuelou		Secondary
	10 NAME OF	(Ouration) yrs mos ds.
	FATHER MOT LINOUS	(Signed) The fall seally T. M. D.
PARENTS	11 BIRTHPLACE	how 23, 1913 (Address) Leaves allowy My
	OF FATHER (State or country)	
	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	OF MOTHER IST AMOUNT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country)	ot death yrs mos da. State yrs mos da
		Where was disease contracted,
(Informant)		It not at place of death?
		usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	(A	new lowy Cemelon nov 23, 1918
FII	an helechie 1915 Fritzen sell	20 UNDERTAKER ADDRESS
rit	REGISTRAR	Iva 6 Mallace les Yemmed Town
If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.		
N/		

[Approved by U. S. Census and American Public Health Association.]

naterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. it should be used only when needed. ness of various pursuits can be known. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: The question "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of. (name origiu; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Conyulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," State cause for "Exhaustion,"



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156981 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH Registration Dist. No [if death occurred in a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact. statement 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from stated 6 DATE OF BIRTH classified. (Day) (Year) (Month) pe 7 AGE if LESS than and that death occurred on the date stated above, at... pinous 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? properly BOCCUPATION ш (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) ---certificate. 9 BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER 80 of pe back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country) of death yrs. mos. EATH State Where was disease contracted. If not at place of death?. See Jo A Former or item LO usual residence mportant. Every it DATE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerran septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 de: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ver" is loss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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PLACE OF DEATH 15699should is County. PHYSICIANS shou PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than cia 1 dayhrs. OR min. ? properly BOCCUPATION (a) Trade, protession, or particular kind of work. supplied. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF () FATHER (Signed) ō back ARENTS 11 BIRTHPLACE ould OF FATHER (State or country) 6 12 MAIDEN NAME ATH in plain instructions OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country DEATH to Former or OF usual residence. mportant. ы Every 15 20 UNDERTAKER 8 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ...

..Ward)

Ilf death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Dav I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at. (Guratioo) yrs mos ds. Contributory. (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) In the of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. ... Where was disease contracted, If not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

1200

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Phenderal septiehaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

